

Virginia Department of Health Special Nutrition Programs Child and Adult Care Food Program (CACFP) COVID-19 Waiver Request Form for Institutions

Please complete this waiver request form to apply for one or more of the USDA-FNS approved COVID-19 waivers and upload into the Attachment List section of CHAAMPS for State agency review and approval.

PROCEDURE REVISION PENDING

PLEASE COMPLETE THE FORM FULLY AND INDICATE "N/A" WHERE APPLICABLE

NAME OF CENTER:			
CHAAMPS ID#:			
ADDRESS OF CENTER:			
CENTER CONTACT NAME:			
CONTACT PHONE AND EMAIL:			
INSTITUTION TYPE (CCC, ADC):			
NATIONWIDE WA	IVER #1: MEAL TIMES	YES	NO
THIS INSTITUTION IS APPLYING FO	OR THE COVID-19 MEAL TIMES		
NATIONWIDE WAIVER CHILD NUTI	RITION RESPONSE #1		
If this waiver type is selected, please b	oriefly describe the institution's inten	tion for applyin	g the waiver to
meal service operations and the estimated # of children/adults served.			
Explanation:			
Please check one (1) of the following options:			
This institution plans to implement this waiver for a limited time period.			
	and ending on:(ne 30, 2020).
This institution plans to implement this waiver for the entire waiver period (June 30, 2020).			
STATE AGENCY USE ONLY:			
REVIEWER NAME:			
REVIEW DATE:			
WAIVER STATUS (circle one):	APPROVED	DENIE	D
NOTES:			
*All denials must be accompanied by t	he State agency justification for the d	enial.	



NATIONWIDE WAIVER #2: NON-CONGREGATE YES NO			110		
THIS INSTITUTION IS APPLYING FOR THE COVID-19 NON-CONGREGATE NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #2					
If this waiver type is selected, please brief meal service operations and the estimated	•	for applying	the waiver to		
Explanation:					
Please check one (1) of the following option	ns:				
This institution plans to implement	t this waiver for a limited time period.	•			
Beginning on:a	and ending on:(not to	o exceed June 3	30, 2020).		
This institution plans to implement	this waiver for the entire waiver period	od (June 30, 2	2020).		
STATE AGENCY USE ONLY:					
REVIEWER NAME:					
REVIEW DATE:					
WAIVER STATUS (circle one):	APPROVED	DENIED			
NOTES:					
*All denials must be accompanied by the S	State agency justification for the denia	ıl.			
	8: AFTERSCHOOL ACTIVITY	YES	NO		
THIS INSTITUTION IS APPLYING FOR THE COVID-19 AFTERSCHOOL					
A CONTRACTOR AND CONTRACTOR OF THE AND CONTRACTOR OF THE CONTRACTO	D MUMBURY ON DECROSICE #4	ACTIVITY NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #3			
ACTIVITY NATIONWIDE WAIVER CHIL	LD NUTRITION RESPONSE #3				
If this waiver type is selected, please brief		for applying	the waiver to		
	fly describe the institution's intention	for applying	the waiver to		
If this waiver type is selected, please brief	fly describe the institution's intention	for applying	the waiver to		
If this waiver type is selected, please brief meal service operations and the estimated	fly describe the institution's intention	for applying t	the waiver to		
If this waiver type is selected, please brief meal service operations and the estimated	fly describe the institution's intention d # of children/adults served.	for applying t	the waiver to		
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option	fly describe the institution's intention d # of children/adults served.		the waiver to		
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option This institution plans to implement	fly describe the institution's intention d # of children/adults served.				
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option This institution plans to implement Beginning on:	fly describe the institution's intention d # of children/adults served. ns: t this waiver for a limited time period.	o exceed June (30, 2020).		
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option This institution plans to implement Beginning on:	fly describe the institution's intention of the describe the describe the described the de	o exceed June (30, 2020).		
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option This institution plans to implement Beginning on: This institution plans to implement and the estimated in the e	fly describe the institution's intention of the describe the describe the described the de	o exceed June (30, 2020).		
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option This institution plans to implement Beginning on: This institution plans to implement STATE AGENCY USE ONLY:	fly describe the institution's intention of the describe the describe the described the de	o exceed June (30, 2020).		
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option This institution plans to implement Beginning on: This institution plans to implement STATE AGENCY USE ONLY: REVIEWER NAME:	fly describe the institution's intention of the describe the describe the described the de	o exceed June (30, 2020).		
If this waiver type is selected, please brief meal service operations and the estimated Explanation: Please check one (1) of the following option This institution plans to implement Beginning on: This institution plans to implement STATE AGENCY USE ONLY: REVIEWER NAME: REVIEW DATE:	fly describe the institution's intention of the describe the institution's intention of the described and ending on:	o exceed June 30, 2	30, 2020).		

^{*}All denials must be accompanied by the State agency justification for the denial.



NATIONWIDE WAIVER #4: Meal Patterns		YES	NO
THIS INSTITUTION IS APPLYING FOR T	THE COVID-19 MEAL PATTERNS		
NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #4			
If this waiver type is selected, please brief	fly describe the institution's intent	ion for applyi	ng the waiver to
meal service operations and the estimated	d # of children/adults served.		
Explanation:			
Please check one (1) of the following option	ns:		
This institution plans to implement	t this waiver for a limited time per	iod.	
Beginning on: a	-		ne 30, 2020).
This institution plans to implement			
STATE AGENCY USE ONLY:			
REVIEWER NAME:			
REVIEW DATE:			
WAIVER STATUS (circle one):	APPROVED	DENII	ED
NOTES:			
*All donicle mought be a second only all but the	Negation for the d	omial	
*All denials must be accompanied by the State agency justification for the denial.			
NATIONWIDE WAIVER	R #5: PARENT PICKUP	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 PARENT PICKUP			
NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #5			
If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to			
meal service operations and the estimated # of children/adults served.			
Explanation:			
Explanation.			
Please check one (1) of the following options:			
This institution plans to implement this waiver for a limited time period.			
Beginning on: and ending on: (not to exceed June 30, 2020).			
This institution plans to implement this waiver for the entire waiver period (June 30, 2020).			
STATE AGENCY USE ONLY:			
REVIEWER NAME:			
REVIEW DATE:			
WAIVER STATUS (circle one):	APPROVED	DENII	ED
NOTES:			

^{*}All denials must be accompanied by the State agency justification for the denial.



NATIONWIDE WAIVER #7 MONITORING	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 MONITORING NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #7		

If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to meal service operations and the estimated # of children/adults served.

Explanation:		
Please check one (1) of the following option	ons:	
This institution plans to implement Beginning on: a This institution plans to implement	and ending on:	(not to exceed June 30, 2020).
STATE AGENCY USE ONLY:		
REVIEWER NAME:		
REVIEW DATE:		
WAIVER STATUS (circle one):	APPROVED	DENIED
NOTES:		

^{*}All denials must be accompanied by the State agency justification for the denial.